

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 28-DEC-2011		2. ADDRESS OF OCCURRENCE 9544 S AVENUE L, Apt 3 CHICAGO, IL 60617		3. LOCATION CODE 090		4. BEAT/OCCUR 0432	
	5. POSITION 9161		6. LAST NAME CABRAL		7. FIRST NAME ALEJANDRO		8. STAR NO. 4855	
	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE S		11. AGE [REDACTED]		12. HT. 508	
SUBJECT INFORMATION	13. DATE OF APPT 25-SEP-2006		14. EMPLOYEE NO. [REDACTED]		15. UNIT & BEAT OF ASSIGNMENT 004 0406E		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	
	17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. LAST NAME WALLS		20. FIRST NAME KARAKA	
	21. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		22. RACE BLK		23. DOB [REDACTED]		24. HT. 510	
REASON FOR USE OF FORCE (Check all that apply)	25. ADDRESS [REDACTED]		26. TELEPHONE NO. [REDACTED]		27. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		28. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	29. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		30. BY WHOM? CFD #50		31. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	33. CHARGES PLACED [REDACTED]		34. DNA <input type="checkbox"/> DNA		35. CB NO. [REDACTED]		36. IR NO. [REDACTED]	
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT/ASSAULT		ASSAILANT BATTERY	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>	
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>	
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	37. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		38. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		39. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		40. WEATHER CONDITIONS CLEAR	
	41. MAKE/MANUFACTURER SIG Sauer		42. MODEL P220		43. BARREL LENGTH 4.4		44. CALIBER/GAUGE 45 CAL	
	45. WEAPON SERIAL NO. (Include Letters) G383329		46. CHICAGO GUN REG. NO. R002854S		47. IL FIREARM OWNER ID. NO. [REDACTED]		48. HANDGUN CERTIFICATE NO. [REDACTED]	
CASE INFO.	49. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		50. PROPERTY INVENTORY NO. [REDACTED]		51. TYPE OF AMMUNITION USED Department Issued		52. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	
	53. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		54. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		55. NO. OF CATR/DGES/SHOT SHELLS RELOADED [REDACTED]		56. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
	57. HOW WAS MEMBER'S HANDGUN DRAWN? <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		58. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		59. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		60. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DODRWAYS, CAR, FURNITURE, ETC) NONE	
SIGNATURES	61. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		62. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		63. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR.		64. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.	
	65. REPORTING MEMBER (Print Name) CABRAL, ALEJANDRO		66. STAR/EMPLOYEE NO. 4855		67. SIGNATURE [REDACTED]		68. DATE REVIEWED 28-DEC-2011 08:21:50	
	69. REVIEWING SUPERVISOR (Print Name) LAVOY, JAMES A		70. STAR NO. 524		71. SIGNATURE [REDACTED]		72. DATE REVIEWED 28-DEC-2011 08:21:50	

Log# 1050919  
Att# 6

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE.

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

The subject expired as a result of his injuries.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time, that Officer Cabral acted in compliance with department policy in that Officer Cabral fired his weapon at the offender after the offender lunged at the officers while holding a butcher knife.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./GRNO. 1050919 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

28-DEC-2011 08:42:04

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CRIMINATION REPORT

80. TOTAL TRR's THIS EVENT No.

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